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ERYSIPELAS AND PUERPERAL PERITONITIS.

[DRS. HALL and DEXTER give an account, in the last No. of the American Journal of the Medical Sciences, of the epidemic erysipelatous fever which prevailed so extensively last year in the northern section of Vermont and New Hampshire. We copy that part of it which alludes to a probable connection between the disease and puerperal peritonitis. With regard to the treatment of the erysipelas, it seems to have been varied, though it resolved itself principally into the question—to bleed or not to bleed?]

The *prognosis* of this disease was governed as in other disorders by the age, sex and condition of the patient, the organs and texture affected. When the manifestations were external, and the inflammation of the skin did not recede, there was but little danger to be apprehended. When, however, the cellular tissue became involved in the disease, a long season of suffering was to be apprehended, and unless the patient had a most vigorous constitution, he would ultimately succumb. No language can give an adequate description of the revolting aspects of this form of the epidemic. In many individuals of advanced age, when the inflammation of the cellular texture was extensive, the flesh would drop from the limb, or the whole member present the disgusting spectacle of a livid mass of putrefaction. The most fatal results, for the most part, were to be anticipated in the affection of the internal organs, particularly the bowels and uterus, and during the season when the epidemic might be said to be at its height, not one in seven escaped, who had disease of the last-mentioned organ.

In connection with the foregoing remarks it may not be amiss to present a very brief view of that class of cases to which this statement would seem to allude—*puerperal peritonitis*; not that this disease can with propriety be called erysipelas, but that its fatality is in some manner connected with the prevailing epidemic. It has long been a mooted question, whether puerperal fever was communicated by contagion or by some other agent. Many, at the present time, deny the possibility of contagious communication, while others in our own section have refrained from obstetrical practice, convinced that they have carried the disease from one patient to another. Certain it is, that while many highly-respectable gentlemen,

extensively engaged in practice, deny the contagiousness of either erysipelas or puerperal peritonitis; others, among whom is Dr. Calvin Jewett, admit its contagious character. The latter remarks:—"I do not believe the disease (erysipelas) contagious like smallpox or measles, it approaches more nearly epidemic typhus. I speak of the disease generally, not of puerperal cases, for these are unquestionably communicated by individuals, whether physician or nurse, who have been much with the disease, to women, at or immediately after childbirth. I believe the clothing, not the hand of the physician, communicates the disease. *I wish I were mistaken on this point.*"

If contagion does not contribute to the production of this malady, the question forcibly suggests itself, how it happens that the *proportion* of puerperal cases is sensibly increased during the epidemic prevalence of erysipelas? With ordinary care, perfect seclusion and guarded from the influence of infectious causes, the patient might have some hope of escape, if the disease was communicated by the usual agents of infectious diseases. But not so; entire seclusion, and even living out of the circle of infected atmosphere, is no safeguard, if during labor the patient is attended by a physician who is engaged in daily practice among individuals affected with erysipelas or puerperal peritonitis.

Another inquiry is here suggested. Can the origin of any cases of puerperal peritonitis be traced, during the epidemic, to communication on the part of the physician or nurse? Of one fact we are certain, that no modification of the disease has happened when individuals influenced by fear have removed from the region of the disease to a more healthy locality. This statement refers more particularly to parturient women, and the question just proposed can be answered more readily, by referring to the remark made at the commencement of this article, that several cases of erysipelas occurred at Lancaster, N. H., early in the fall of '41. Among the number of these cases was Mr. H., a farmer, residing at the extreme eastwardly part of the town, and secluded from the inhabitants around him by a dense body of forest, two miles in extent. He was attacked with violent and deep-seated pain in the palm of his left hand, from which a few days previous he had rubbed a piece of skin. The hand and wrist were much swollen, and a deep erythematous blush extended from the point of abrasion along the inside of the fore-arm to the elbow; the glands in the axilla were also tender and a little enlarged.

This was the appearance when first seen, and it was pronounced to be a case of phlegmonous erysipelas, unaccompanied with much constitutional disturbance. The whole hand and fore-arm, after the lapse of a few days, became one extensive abscess, and was opened at several points, discharging a semi-putrid watery sanies, very offensive to the smell. During the attendance of the junior contributor to this paper upon this case, he was called to Mrs. C., in labor with her first child, a fine, healthy, well-formed woman. The labor was natural, and she was left with every prospect of speedy convalescence. On the day of the evening of her confinement, Mr. H. was visited, his hand and arm dressed,

and a portion of cellular tissue cut away, which protruded from the lancet opening. Mrs. C., on the third day after confinement, was seized with all the symptoms of puerperal peritonitis, and after a season of acute suffering, died on the eleventh day from the birth of her child. This was the first and only fatal case of puerperal fever, occurring at Lancaster during the epidemic; and it appears somewhat singular that this case of puerperal peritonitis should occur during the attendance of her physician upon the case of phlegmonous erysipelas, and about the same time that the morbid matter would take effect upon the system, supposing it to have been communicated in any way by her attendant.

In June of the present year, Judge W. was attacked with erysipelatous inflammation of the face and scalp, and after treatment for a few days recovered. While treating this case the junior contributor to this paper was called to a woman in labor with her third child, who resided some fourteen miles from Lancaster, on a settlement made on one of the spurs of the White Mountains, called Cherry mountain, out of the range of the epidemic; not a single case of erysipelas having occurred in the settlement during the prevalence of the disease. The labor was short and natural, as is usually the case with the women of this district. Three days after confinement she was seized with puerperal symptoms, and after treatment for a few days recovered. These two cases are given in brief, but constitute two of the most well-marked and decided cases of puerperal peritonitis that came under treatment while the epidemic continued, and though we have been, in this section, spared much of the suffering and desolation which has almost depopulated other districts in this region, yet we must attribute much of our success to the great care which has been exercised in keeping parturient women from the influence of exciting causes, and also on the part of the physicians and nurses, in the means used to prevent any communication by means of the hand or clothing.

The effects of this epidemic have been experienced in every situation and condition of life, in the populous town and lonely settlement, in the homes of the rich and the log cabin of the poorest squatter. It has ranged through all variety of location, of hill and valley, and has spread consternation and terror wherever it has appeared. In the county of Caledonia, Vt., thirty cases of puerperal peritonitis occurred, only *one of which* recovered. And in Bath, N. H., containing a population of 1500 or 1600, twenty mothers died from puerperal peritonitis, and about forty with erysipelas.

EMPIRICISM AMONG PHYSICIANS.

From Dr. Coventry's Introductory Address at Geneva, N. Y.

PERMIT me, gentlemen, to wander a moment from my subject, to caution you against the temptations to empiricism which surround you. With all the improvements in the arts and sciences, with all the intelligence of the age, quackery was never more rife, more bold, or more unblushing in its pretensions, than at the present time. Were I simply a

practitioner of medicine, I might consider my duty accomplished by doing what I could for the suppression of the evil within the sphere of my private influence ; but placed as I am as one of the guardians of the profession, I cannot, conscientiously, remain silent, whilst I see the very citadel of our profession attacked, not only by open foes without, but by secret enemies within.

It has, indeed, become a serious question, whether the profession is to retain that rank among the liberal occupations, to which its vast importance and deep responsibilities would entitle it ; or whether it is again to become, what it is in all savage and uncivilized countries, a system of empiricism, abandoned to the juggler and the mountebank. Already, the evil inflicted upon community by nostrums and pretended specifics, defies the power of calculation. The search for the elixir of life, the philosopher's stone, and the means of transmuting the baser metals into gold, are considered among the monuments of credulity and superstition of the dark ages ; and yet they are surely not more inconsistent with reason than the search for a panacea, a medicine adapted to all ages, constitutions and diseases, or even all stages of the same disease ; or the supposition that the quadrillionth part of a grain of any medicine would have any influence in disease. And yet these are doctrines swallowed by thousands at the present day ; not only by the ignorant, but by the educated and influential. From the humble follower of Thomson, who conscientiously believes that minerals are poisons because dug out of the earth, and that lobelia and steam are sovereign remedies for all diseases, to the visionary advocates of the most sublimated of all humbugs—homœopathy ; all are united in their efforts to break down the science of medicine and reduce it to a system of charlatanry. I do not address myself to men who thus practise their profession—the ignorance of the one or the cupidity of the other. But I address myself to you, young gentlemen, who are about to commence your profession with honorable motives and a lofty ambition, before you have been tempted by the winning smiles of interest or the seductions of profit. How are these evils to be remedied ? Not by legislative enactments ; for, in this country, when in opposition to the popular will, they are powerless. If anything can be done, it must be by an appeal to the reason and good sense of the educated and influential part of community.

To medical men I would say, strip the profession of the mystery which has too long been permitted to enshroud it, and which has but too often been perverted to unworthy purposes. Teach mankind that, like all other sciences, it is the fruit of study, of observation and experience : teach them the structure and formation of their own system, the laws by which it is governed, and the influence of surrounding agents : teach them that the laws established by Creative Wisdom cannot be violated with impunity. Then exhibit to the votary of pleasure the effects of alcoholic drinks : demonstrate to him that the product of the still is worse than the fabled "Bohon-Upas ;" that with the fascination of the serpent it unites the deadly sting of the adder. Teach the fond mother that the functions of the heart and lungs are necessary to health, and

that by compressing the chest she is producing disease—perhaps death. Teach mankind that medicines are but relative agents; that they are never necessary in health, but always injurious; and that it is only by a proper adaptation to the particular condition of the patient, that they are useful in disease. I appeal to the venerable clergy, who, from the general benevolence of their disposition, are too often induced to lend the sanction of their names to that which, if they were fully aware of the consequence, they would be the first to condemn. I call upon the legal profession, the sacred guardians of the temple of Justice, to pause before they lend the influence of their bright name, their pure character and unsullied ermine, to the destruction of a profession as elevated in purpose, as pure in practice, and as necessary to community, as their own. I must give the legal profession the credit of having been hitherto the most strenuous opposers of empiricism; but, beguiled by the pretensions of homœopathy, the assertion that it was founded on the inductive philosophy, and incompetent to judge, from their ignorance of the very fundamental principles of the profession, they have too often given their countenance and support to this sublimated nothing.

To such I would address myself: Have you well considered what you are doing? Is an educated and scientific medical profession necessary to community? Is the man who has spent years in investigating the laws of nature, the causes of disease, the effects and operation of medicines, any better qualified to minister to the sufferings of the sick, than he would have been had he never attended to the subject?—for, after all, these are the questions which are at the very foundation. The reply would probably be:—My physician was regularly educated; he understands his profession: true, he professes to be a homœopathist, but he knows enough to use, and does use, active medicines, when necessary: I consider him perfectly safe! He may be so: but why does he profess to be a homœopathist, and yet use allopathic medicines and doses in cases of emergency? This very fact proves that he is acting under false pretences, for the purpose of gulling the public; and, morally, is as guilty as the man who procures money under false pretences; a crime which the laws of this country punish with imprisonment in the state-prison.

The law prescribes no particular mode of practice. A physician is at liberty to give infinitesimal doses of medicine, or no medicine, if he pleases. If he is really honest, he will be content to trust to his success for his reputation. If his practice is so superior to and more successful than his neighbor's, it would soon be known: if he publishes to the world that he has some new and more successful mode of practice than his professional brethren, it proves that he is not willing to trust to his success; and, disguise it as you may, he resorts to the arts of the charlatan to procure business, instead of relying upon his merits. He throws the whole weight of his influence into the scale of quackery, and does what in him lies to reduce a noble and useful profession to a system of charlatanism; and the man who employs and encourages him, however elevated his standing or however pure his motives, lends the whole of his influence to

the same purpose. But it is said that regular physicians have become homœopathists, and having tried both systems, should be competent to judge. Some have asserted, and I doubt not with truth, that they have been more successful than when practising on the former principles. This does not prove the superiority of homœopathy, but their own incompetence. The truth is, that medicines (unless given in infinitesimal doses) are powerful agents, and in unskillful hands must do more harm than good; and no doubt every incompetent practitioner would do less injury to his patients and community, by practising as a homœopathist than by giving active medicines.

EXCISION OF THE UTERUS BY THE ABDOMINAL SECTION.

By A. M. Heath, Lecturer on Midwifery in the Manchester School of Med. and Surgery.

JANE BURNS, æt. 46, unmarried, has never been pregnant, was admitted into the Manchester Union Hospital, under the care of Dr. Hardy, and was transferred to me by the consultation held on the 6th inst. The patient, low in stature, with a tendency to *en bon point*, with blanched cheeks and anæmiated lips, states that, during the last four years, she has suffered from excessive discharges of blood per vaginam, recurring at periods varying from three to four weeks, and continuing for the space of nine or ten days.

About twelve months ago her attention was first drawn to a fulness at the lower part of the abdomen, which, on more particular examination, she discovered to be caused by a tumor about the size of a large orange, and occupying the left hypochondriac region. She suffered no pain from the morbid growth; but its rapid increase in size, and excessive discharges of blood, induced her to consult a medical man, who sent her into the Hospital, when she was submitted to a consultation of the medical officers.

Viewed exteriorly, the abdomen resembled that of a woman advanced seven months in pregnancy, the tumor being situated in the median line, and extending from the pelvis to a little above the umbilicus. It appeared firm to the touch, and admitted of free motion in every direction.

The sensations communicated to the finger introduced per vaginam, were those of an unimpregnated uterus; the os tincæa being situated somewhat forward and closed, the fissure being transverse, and the cervix retaining its pyriform shape. When the finger was pressed against the os uteri, and the tumor raised by grasping it through the abdominal parietes, some motion of the uterus was perceived, which led to the supposition of the tumor being attached to that organ.

After repeated examinations, and most careful manipulations by myself and colleagues, made at different times and in every variety of manner, the conclusion arrived at was the presence of an ovarian tumor; and it was our unanimous opinion that the condition of the patient, and the mobility of the tumor, made it a fair case for extirpation by the abdominal section.

Some preparatory treatment was then decided upon, with a view to

the improvement of her general health, as well as to allow her to become accustomed to her change of situation. To improve the alvine secretions, which exhibited a deficiency of bile, occasional doses of blue pill and rhubarb were prescribed. The ioduret of iron was also recommended to be taken three times a day, and a mild nutritious diet was ordered to be supplied.

The objects having been attained, the patient was pronounced to be in a favorable state to undergo the operation, which was arranged to take place on Tuesday, November 21st, at 11 o'clock, A. M.

On this day the temperature of the operating theatre was gradually raised to 70 deg. Fah. The physicians of the Hospital, Drs. Chaytor, Black and Hardy, having arrived, together with several other professional friends, and my surgical colleagues, Messrs. Ransome and Goodlad, being ready to lend me their efficient aid, the subject of the operation was placed upon the table, when an incision was made from a little below the ensiform cartilage to within an inch and a half of the symphysis pubis, in the median line, but deviating a little to the left opposite the umbilicus, cutting through the skin, adipose tissue and superficial fascia, thus exposing the fascia transversalis. A momentary pause was then made, to allow the small divided vessels to retract, and a ligature was passed round a small branch of the internal epigastric artery. A portion of the fascia transversalis, seized by the forceps, was then divided to admit the director, upon which the opening was enlarged sufficiently to receive my finger, which guided the bistoury in making the incision to the same extent as the external wound, the peritoneum being opened at the same time and in a similar manner.

The tumor now came into view, and was recognized as the uterus distended by solid matter; and this was rendered more certain by the introduction of a trocar. The size and solidity, with the rapid growth of the tumor, and the probable effects which would be produced by the next periodical discharge of blood, determined me at once to effect its removal *en masse*. Having passed my hand over the fundus of the uterus, and behind it, I raised it from the abdominal cavity, when it was sustained by Mr. Goodlad, while two double ligatures were passed, by means of a sharp-pointed aneurism needle, through the cervix uteri, immediately below the circumference of the tumor. Each ligature was then firmly tied, so as to include one half of the neck of the womb and broad ligaments. The parts were then excised and removed. No bleeding ensued from the cut surface; indeed, throughout the operation, not more than three ounces of blood were lost; and after the first division of the skin, few complaints of suffering were made by the patient herself.

The intestines, which had escaped, were re-placed *in situ*, and the abdominal parietes brought together by the interrupted suture at seven points. The edges of the wound were kept in apposition by applying narrow strips of adhesive plaster. To effect this object with more certainty, a large compress of lint was placed on each side over the recti muscles, and then secured by a broad flannel binder, which was tied firmly round the abdomen. The patient was now carefully removed to

a bed which had been prepared for her in the operating theatre. Vomiting came on, and a draught containing morphine acetatis, gr. ss., which had been given to her, was instantly rejected. She, however, complained of severe pain about the umbilicus, for which a couple of pills, containing pulv. opii, gr. ij., ammon. carbon., gr. v., were swallowed and retained. The disposition to vomit continued; and after the lapse of half an hour some fluid was ejected, but the pills were not discoverable in it. At this period the pulse was 120, soft and fluctuating.

At 4 o'clock, P. M., I met Mr. Ransome in consultation. The pain being very severe throughout the whole of the abdomen, and fearing again to excite the stomach, we determined on the exhibition of a starch enema with morphine acetatis, grs. ij., dissolved in it.

The countenance speedily assumed a placid appearance, the pain began to diminish, the pulse was 80 and soft. Respiration performed normally, the skin perspiring freely. Temperature of the room, 73 deg. F.

7, P. M.—Has had some sleep; is now composed, and states herself to be much easier; pulse has risen to 100, still soft; has passed urine to the amount of $\frac{3}{4}$ vij., without effort and without distress. Temperature of the room reduced to 70 deg. F.

9, P. M.—Enjoyed a sound sleep for an hour and a half; abdomen free from pain; is cheerful, and expresses her gratitude for the trouble taken in her behalf. Pulse as at last report.

11, P. M.—The pulse has risen to 100, remains soft and tolerably firm; complains of the heat of the room, which is to be reduced a few degrees.

Half past 1, A. M.—A few spoonfuls of arrowroot again roused the stomach. Pulv. opii, gr. j., was administered. From this time she began to sink; the pulse became feeble, the extremities chilled, and at a quarter before 5, A. M., she expired without a struggle, having survived the operation seventeen hours.

Sectio Cadaveris, performed twenty-nine hours after Death.—On removing the flannel roller and plaster, union of the cut surfaces of the abdominal parietes was observed to have taken place to the extent of an inch at the umbilicus, the adhesion being strong enough to retain the edges together after the sutures had been severed.

Towards the lower part of the wound the peritoneum had become adherent, requiring some force to separate it. The intestines, jejunum, ilium, and colon, were much distended with flatus; spots of increased vascularity presented themselves in many places, though some difficulty was experienced in distinguishing these from patches which had become tinged by contact with coagula, which had stained the mesentery, rendering the whole of a purple color.

About fourteen ounces of blood were taken from the cavity of the abdomen; on searching whence it had escaped, we found it to have oozed from the cut edges of the uterus, though no disposition to hæmorrhage from this source was evinced on making the section; notwithstanding the ligatures remained tightly constricting, and completely surrounding, the remains of the organ. The intestinal cellular tissue was filled

with clots, which clearly proved to my mind that the hæmorrhage had taken place from no large vessel, to which a ligature might have been applied.

The bladder and rectum were both active, not having been disturbed or otherwise injured. The spleen was remarkably soft; so much so, that when placed upon the table it wanted sufficient consistency to maintain its form.

The kidneys were both much softened at the cortical part, of a brown color, as if drained, or rather freed from blood by washing.

The liver had a peculiar appearance; in color resembling clay, and, like every other organ examined, displayed the almost anæmiated state of the system. The thoracic viscera were healthy; the heart soft, pale and flabby.

Description of the tumor.—The excised mass was found to consist of the whole body of the uterus, enveloping a dense adventitious structure. It was of a perfectly smooth, uniform, globular shape, presenting no trace of salient points; weighed six pounds; had a diameter from above to below of seven inches, and a circumference, in the transverse direction, of 20 inches.

The walls of the uterus were increased generally to about three quarters of an inch in thickness, whilst the fibrous structure was as fully developed as during the dilatation of advanced pregnancy.

The tumor took its rise apparently in the muscular structure immediately beneath the mucous membrane, seeing that some few only of the fibres could be traced into it for a short distance; and had proceeded downwards from the fundus, and more especially on the left side, pushing before it the mucous membrane which invested its globular lower extremity with a smooth shining surface. The adventitious structure, during its growth, had been subjected to severe compression; it was firm, hard, exceedingly dense, and had something of crispness on incision.

Its general color was yellowish-white, without much vascularity, and it was divided into definite, irregular lobules by bluish semi-transparent lines, not unlike the bands which traverse true scirrhus formations. The structure was too compact to permit any view, with the unassisted eye, of any cystiform character; and so far as the tumor had been divided, there was no tendency to softening in any part.

It was found that about two inches of the uterus had been left by the incision, and every trace of the diseased structure removed. The os was of the natural virgin size and form, neither patulous, hardened, nor fissured; and its lips were uniformly smooth, rounded and plump. The cervix was not shortened, for the condition which had left the os unaltered in form would not have admitted the cervix to be much spread out.

A few remarks may not be out of place on the error in diagnosis, and the expediency of the subsequent removal of the tumor.

As to the first point, it had suggested itself to many of those who had examined the case as well as myself, that there was something of anomaly in the bloody discharge, and the central situation and firm character of the tumor, and that it was just possible the uterus itself might be the

enlarged organ. But the discharges, although large in quantity, were always periodical, and such as not unfrequently occur, therefore, at the season of catamenial decline, altogether independently of any structural lesion of the womb. Again, the os and cervix, on repeated nice examinations, gave evidence of no deviation whatever from the normal condition, a circumstance of rare occurrence with the kind of tumor which was subsequently found to exist.

The tumor was so uniformly smooth and rounded that the suspicion of a large, hard, fibrous growth of the uterus could hardly be entertained, seeing that such swellings are almost invariably very irregular and nodulated in form. The uterus was examined stethoscopically, but neither by that, nor any other means, could any suspicion be had of pregnancy; and the diagnosis of ovarian disease was confirmed by the manifest enlargement which seemed to be taking place in the swelling during the few weeks which preceded the operation. On the other hand, a firm, dense, unfluctuating mass, and a more or less central position, are well-known by those who have examined many of such cases, not to be incompatible with enlarged ovary.

After the true source of the swelling had become evident (a trocar having been thrust in by which the character of the tumor was ascertained) the question arose, whether, since a large part of the danger had been already incurred in the abdominal section, exposure, and manipulation of the bowels, &c., the greatest probability of ultimate good was not in favor of the extirpation of a growth which was rapidly sapping the constitutional powers by hæmorrhage. Instances were on record where such a step had been taken from intention; many cases had occurred of successful division of the uterus through the vagina, and, as far as the peritoneum and ligature of the pedicle were concerned, there appeared to be no great increase of risk in the excision of the uterus over that of the ovary.

The diseased growth was evidently a specimen of what has been called the fibrous, and by Dr. Ashwell the hard, tumor of the uterus, who has given a clear account of its structure in the 6th No. of Guy's Hospital Reports; and although not high in the scale of malignancy, it partook to some extent of the character of such transformations. The earlier bleedings in such cases ooze from the mucous membrane which invests the free portion of the tumor, whilst the subsequent hæmorrhage will flow in increased quantity from the softening and disintegration which never fail to attend the onward progress of such growths if life be sufficiently prolonged for their development.—*London Med. Gaz.*

PES EQUINUS VARUS.

TREATED AT THE BOSTON ORTHOPEDIC INSTITUTION.

[Communicated for the Boston Medical and Surg. Journal.]

THE following case is remarkable only on account of the age of the patient—being the oldest ever operated upon for the cure of club foot,

either in this country or in Europe. The case of a gentleman in Boston, æt. 55, which I reported in the Boston Medical and Surgical Journal about two years ago, was then, I believe, and still is, the oldest on record previous to the one I now shall concisely describe.

Mrs. Smith, of Boston, æt. 73, was attacked with hemiplegia, the left side being affected. She partially recovered the use of her arm and leg. Certain muscles, however, were permanently contracted, and remained so after a lapse of two years. These were the flexors of the fingers, the gastrocnemii, and the tibialis anticus. The fingers were so much contracted (and still remain so) as to keep the hand nearly closed; still she has the use of the arm. By the contraction of the gastrocnemii and the tibialis anticus, the heel was elevated and the foot turned in towards the other, forming that species of club-foot called *pes equinus varus*, of the second degree. When she attempted to walk, which she could only do by assistance, the weight of her body came upon the outer margin of the anterior portion of the metatarsal bone of the little toe. This became very sore. She had, besides, constant pain in the whole of the foot, which had existed for two years. She consulted Dr. Gay, her physician, Dr. Z. B. Adams who had attended her during Dr. Gay's absence in Europe, and Dr. Bigelow. They stated to her they thought favorably of an operation, and advised her to consult me, which she did. My only doubts were whether, at her advanced age, and in her feeble state of health, the tendons would unite, if divided. I, however, made up my mind that dividing the tendons would relieve the pain, from which she had been a constant sufferer two years; and again, that if the tendons never united, I would put on apparatus which would enable her to walk much better than she then did. Accordingly I divided the tendo-Achillis and the tibialis anticus, in presence of Dr. Gay and Buckminster Brown. I applied my usual apparatus. In a few days the pain in the foot was relieved, and in the course of a fortnight entirely left her. The tendons are united, and she walks with ease. Her health has improved, and she has gained flesh, as is remarked by all her acquaintance.

FIG. 1.

FIG. 2.



Fig. 2 represents the foot as it was eight weeks ago.

Fig. 1 represents it as it now is.

It will be perceived, in this drawing, that the leg makes an acute angle with the foot. This is done to show that the ankle-joint has its free and natural motion. It is a mistaken notion that a foot is cured, when brought in a parallel line with the leg, laterally, even if it can be flexed to a right angle with it. It may appear very well as the patient stands, but very awkward when he walks. We all make an acute angle between the foot and leg every step we take, and particularly in going up an ascent. A person would make awkward work in going up Mt. Washington with feet which could only be flexed to a right angle with the leg. The fact is, a person who can merely flex his feet, so as to bring them at a right angle with the leg, must turn them in, or out, every step he takes, in order to give the propelling power forward; and it is most natural to turn them in. Hence it is that feet which have been cured in this way (and many such have been reported) will, after being walked upon a short time, revert to their pristine obliquity, or nearly so. The importance of the free use of the ankle-joint, and the necessity that the foot should be capable of forming an acute angle with the leg, have not been noticed by writers on the cure of club-foot with sufficient emphasis; and, in fact, I do not recollect any author who has mentioned it at all.

January 12th, 1844.—Since the above (and I state the case in illustration of the position that no foot can be properly cured where there is not a free use of the ankle-joint, and also of the futility in most cases of attempting to cure club-foot by mechanical means alone), I have been called upon to operate on a lad 11 years old, who is said to have been cured about five years ago by mechanical means, and by one Valentine Brown, a mechanic in Woburn, Mass. He *supposed* the boy cured. He had him under his care over a year. The parents also *supposed* the boy cured, as the foot was in front of the leg, and straight. On questioning them, however, they said the heel was not brought down, and the foot could not be brought up to more than a right angle with the leg, if so much—consequently the lad could not walk naturally; for, as I have previously stated, an *acute* angle between the leg and foot is necessarily formed every step we take. As he walked and propelled himself forward, the foot turned in; and the more he walked, the more it turned in. In addition to this, the contracted tendons, which had been stretched, did not elongate in proportion as the leg grew, and the consequence was, the foot resumed its former mal-position—and so I found it.

I was told of a young lady, belonging to the same town where this lad resides, who had a club-foot, and who was factitiously cured in the same way, about the same time, and by the same individual. She is now, I understand, "*in statu quo ante bellum.*"

J. B. BROWN, M.D.

IPECAC. AND ASTHMA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent Dr. J. Reynolds, of Gloucester, after adding another case, to those lately reported in your Journal, of asthma repeatedly produced in healthy persons by unappreciable doses of ipecac. ; asks of his "homœopathic brethren, whether they use ipecac. in the treatment of asthma on the principle *similia similibus*."

I have no desire to answer for our homœopathic brethren, but should feel sorry to have the question pass without a reply, and should any other reach you which may supersede the use of the following, you will oblige me by laying this aside.

But I am glad to see the question presented in this simple, and apparently serious and candid manner ; and I answer, yes, ipecac. is used by our homœopathic brethren in that disease ; and I believe that most if not all of them in our city and the vicinity, have witnessed the salutary effects of the medicine, either in pure asthma or in those cases of distressing dyspnœa which closely resemble it, and which are commonly called asthmatic. And with your indulgence of a small space in your next number, I will briefly note the authorities for using this medicine, and show some of the reasons for choosing it in the treatment of many asthmatic cases.

Authorities.—Samuel Hahnemann, in his *Materia Medica*.—G. H. G. Jahr, *Manual of Homœopathic Medicine*.—P. F. Curie, *Practice of Homœopathy*, London, 1838.—J. Jeanes, *Practice of Homœopathy*, Phil., 1838.—*Clinique Homœopathique*, published in Paris from 1836 to 1840—reports of cases by Drs. Hartman, Gross and others who were considered as the best authorities.

Reasons—for using ipecac. in asthma, in view of the principle which Hahnemann declared to be "*nature's therapeutic law*, *similia similibus curantur*."—In presenting these, I shall, for the convenience of comparison, place the pathognomonic and other symptoms of asthma, and the pathogenetic symptoms of ipecac., in the following order.

Symptoms of asthma which are familiar to your correspondent and most of your readers, and found in nearly all the practical works of the day.

"Tightness and stricture across the chest.—A sense of straitness in the lungs, impeding respiration."

"Respiration slow, laborious and with a wheezing noise. Speaking difficult.—A desire to be in an erect

Pathogenetic symptoms of ipecac, from the *Materia Medica* of Hahnemann, as therein reported according to the results of his own experiments, and those of many of his cotemporaries ; and from the *Manual of Homœopathic Practice* by Jahr.

"Constriction of the throat and lungs.—Laborious respiration, with threatened suffocation and a desire to get to the open air."

"Threatened suffocation for three or four hours (after taking ipecac.). The same from ten o'clock at night

position, and to get relief in the open air."

In the accession of the disease, and often attending it, are found—

"Depression of spirits—lassitude and heaviness—drowsiness—watchfulness."

"Pain in the head, with vertigo."

"Eyes prominent, as in strangulation."

"Face sometimes turgid, at others pale and shrunk."

"Hoarse dry cough, with expectation of tough, viscid mucus, sometimes mixed with blood.—Cough violent and suffocating."

"Fulness about the stomach.—Sickness and faintness at the stomach."

"Bowels costive, or at other times loose when they had been costive before."

"Urine pale, increased in quantity and frequency—afterwards high colored and deposits a sediment."

"Heart palpitates.—Pulse somewhat quickened, but usually weak, irregular, and often intermittent."

"Coldness of the extremities."

till six in the morning, and returning for eight days."

"Slowness of conception.—Disturbed sleep.—Anxiety.—Fear of death."

"Vertigo.—Mild or severe headache.—Pain in different parts of the head, with great heaviness."

"Pain about the sockets of the eyes.—Congestion of blood to the eyes.—On stooping, a sensation as if the eyes were swelled."

"Countenance pale, bloated, with livid circles about the eyes.—Blueness of the face."

"Spasmodic cough, with fits of suffocation."

"Sensation of uneasiness in the stomach and epigastrium.—Swelling of the stomach.—Sense of emptiness, flaccidity and nausea."

"Loose evacuations of the bowels—serous, bilious, slimy or yellow."

"Urine high colored, with sediment like brick-dust."

Chills and fever.—(Pulse not mentioned.)

"Shuddering, with coldness of the limbs, especially of the hands and feet."

Now as the object of the homœopathist, in the treatment of a case, is to select a medicine the pathogenesis of which shall be in the nearest accordance with the symptoms of the disease, or, in other words, most homœopathic to his case, the reasons for choosing ipecac. for such a disease as asthma, will be readily seen by a glance at the above comparative statement. Other reasons for its adoption have grown out of the experimental proof of its power in cases of disordered respiration, even when administered in those small doses, the amount of which can only be shown by arithmetical signs, yet the efficacy of which is demonstrated by physical and mental changes in the phenomena of disease not *always* to be mistaken.

I would close my reply, by stating, that remarkable as the cases may appear, which have been reported in your Journal, of asthma produced by ipecac., they are not at all surprising to the homœopathist; and if your correspondent, Dr. R., will take the trouble to read in Hull's Homœopathic Examiner the several articles under the head of *Gleanings*, he will find even more remarkable cases of the pathogenetic effects of medicines illustrating the truth of homœopathic doctrines, and those gleanings all from allopathic reports and publications of unquestionable authority.

J. F. FLAGG.

Boston, Jan. 17th, 1844.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 24, 1844.

Benefits of the Medical Profession.—In the Medical College of Ohio, John P. Harrison, M.D., in the chair of *Materia Medica*, gave an introductory discourse a short time since, in which he has undertaken to show the benefits accruing to society from the medical profession. It is a successful effort—and the arguments are not hacknied, but ingenious and cogent.

What would have been the condition of society without the ministering hand of the physician? Who, like him, toils incessantly to smooth the rough places in the progress of humanity, to minister to the necessities of his fellow man, in his contest with disease and death? Who, like the medical practitioner, is unremittingly the humble servant of the entire community, in the prosperity or the adversity of those who avail themselves of his skill or attainments? "There is no end," says Pope, "of my kind treatment from the faculty. They are in general the most amiable companions, and the best friends as well as the most learned men I know." This is praise from a high source, of which Dr. Harrison has availed himself in support of his positions. But it is by no means necessary to resort to the direct testimony of individuals, as in a court of justice, to prove that physicians are useful members of society, since no person of intelligence would presume to call in question their claims or deny the value or extent of their labors. Dr. Harrison has done himself credit in sustaining the argument in the manner presented in this publication. The more it is read by the people, the better it will be for them, as well as for the profession, whose character and claims it advocates.—An extract from the discourse was given in this Journal a fortnight ago.

Progress of the Medical Press.—Books multiply so rapidly that it is somewhat difficult to give that individual attention to each work, which may be expected by publishers, authors and readers. Several exceedingly valuable productions are at this moment before us, which can at present only be mentioned by name, in consequence of the accumulation of a variety of things that should have insertion.

Of the new works—Watson's Practice of Physic, from the Philadelphia press of Messrs. Lea & Blanchard, is decidedly one that has a very respectable appearance externally.—Harrison on the Nervous System, also from Messrs. Lea & Blanchard, which we suspect to be a production of high character and claims.—Oliver's Physiology, third edition, from Ticknor & Co.'s publishing house, Boston. Dr. Oliver's writings have had a good reputation; and since his death, his attainments in science are valued more highly, if possible, than before. For two dollars and fifty cents this admirable book can be purchased—well bound and lettered.—Next, Prout on Diseases of the Kidneys is another Philadelphia edition. Many rare and essentially important medical books have their first appearance on this Continent in that city.

Travelling Dentists.—This thriving class of itinerant operators are beginning to be regarded as nuisances. It is a curious circumstance, that a particular order of adventurers have discovered that the great mass of the people freely encourage three kinds of business in a liberal manner, without troubling themselves about the characters or qualifications of those who introduce themselves to their notice. These lucky kinds of business are—*dentistry, animal magnetism, and taking Daguerreotype likenesses.* Every nook, corner and by-road is beset with these peripatetic adventurers, both in New England and through the regions of the far West. It matters not how ignorant they may be in all respects—the mere fact of announcing themselves in a mammoth handbill, as the celebrated So and So, from Boston or New York, is recommendation enough, and they are immediately taken into village favor, to rifle the pockets of their new-made friends. They are careful not to remain long enough to have their high pretensions weighed in the balance of sober judgment. In the course of two or three weeks the new teeth drop out; the boy Billy, who saw through a mill-stone with forty bandages over his eyes, exposes the whole trick, and declares that the marvellous exhibition was all deception; and everybody says the new kind of likenesses are shameful caricatures, no more resembling the persons who sat for them, than the grand Cham of Tartary. But these discoveries happen to be altogether too late for getting reparation or stopping the profitable progress of a knave, who is somewhere else reaping a harvest out of the credulity of those who are always disposed to patronize cheap strangers.

Statistics of Insanity.—Mr. James M. Barnard, of Boston—a gentleman who has made himself extensively familiar with all the prominent asylums for insane at home and in Europe—has conceived the idea of having a free, reciprocal exchange of the reports of all these institutions. He believes, and not without reason, that this will have an excellent influence on the character and improvements of them all, by the information each will derive from a knowledge of each other's labors. Mr. Barnard's benevolence is equal to the accomplishment of this desirable undertaking.

Prevalence and Causes of Insanity.—Some one announces that Dr. Pliny Earle, who was formerly the Medical Superintendent of the

Friend's Asylum, at Frankford, Penn., has an article upon this subject in the hands of the editor of the American Journal of the Medical Sciences. It will come with authority from him. There is also another subject, the "Pulse of the Insane," which needs investigation by the most careful examiners.

Method of writing Prescriptions.—Much fault is sometimes found by patients, with the common method of writing prescriptions in our cities. They say, and not without reason, that they are too obscurely written—and they cannot see why they might not be expressed in good plain English, instead of abbreviated Latin. Mistakes, too, are not unfrequently made, sometimes of great magnitude, which are occasionally chargeable to this obscure system of prescription making.

In England, a better plan exists than among us in regard to one part of the prescription. It is that the physician writes out in full, at the bottom, precisely how the medicine is to be used. Lying before us is a prescription made within a few months, by Sir James Clarke, the Queen's physician, for a lady of Boston, which is constructed in this manner. The initials of the physician's name are likewise appended, which is also convenient for reference, both to the patient and the apothecary. In this country, prescriptions are often so drawn that the apothecary alone is made the wiser by them; and should the nurse or patient happen to forget the precise directions, vast concern, if not serious delay, might ensue before the affair could be set right. Under this view of the subject, it is quite certain that our prescriptions would be bettered, by copying the present London fashion, of expressing the directions, at least, in good substantial English; and whenever a thorough revolution is effected, so that practitioners dare write the whole, as far as practicable, in their mother tongue, it will be the triumph of common sense over ancient prejudice and error.

Diseases of the Lungs.—In the flourishing manufacturing town of Manchester, N. H., the number of deaths in 1843, was ninety-six—out of which, *forty-nine* were occasioned by diseases of the lungs!

We forbear to comment, in extenso, on the causes which may have produced such an amount of mortality, lest it should be imputed to a wrong source. Many are disposed to cry out vehemently against the influences of the cotton factories on the health of the operatives, and impute the death of every female who has ever been employed in one of them, either to the inhalation of the floating fibres of cotton, or the temperature of the apartments in which they labor. We are far from supposing that diseases of the lungs are induced in this way, to any considerable degree; but rather impute the development of disease in these organs, in many instances at least, to the carelessness of the girls themselves—who neglect to guard against a sudden change of the temperature, by running to their meals without any special regard to extra outer garments. As a general rule, they are culpably negligent of their health in this respect, and the wonder is that, here at the north, they live as long as they do.

Teeth Almanac.—This annual is one of those ingenious devices which redound to the author's benefit, while conveying useful information to the

public. The several prominent articles, as the anatomical structure of the teeth, tooth-ache, their growth, their extraction, &c., appear to be in accordance with the current physiology of the day, and no one could with propriety object to them.

A tooth almanac is no more of an anomaly than a phrenological or baker's almanac. It is a discovery of modern times, that private ends can be answered by diffusing knowledge. We must be thankful for all that is given us, if useful, from whatever sources.

Medical Missionary Hospital in China.—A very interesting report has been recently received from Macao, in China, detailing the proceedings of the Medical Missionary Society, whose object is the introduction of the medical science of Europe amongst the natives of China, who are deplorably ignorant of the most common operations of surgery. With the view of raising funds for this benevolent object, the Rev. P. Parker, M.D. visited England, the continent of Europe, and the United States of America, in the years 1841 and 1842. His report, detailing his success in the different places he visited, is somewhat curious.

From this report, it appears that the contribution in London amounted to \$225. In Liverpool, a respectable and influential committee was appointed, who "deemed it best to delay taking any steps till, at all events, a partial opening of the China trade should be heard of." In Paris, the time was too short for pecuniary contribution. In Germany, the prayers of the benevolent were enlisted in behalf of the institution. In Philadelphia, the financial crisis reduced the subscriptions to a single one of \$50. In New York, after two public meetings, a society was organized, who "thought the most favorable moment of making its first application for funds had not arrived." In Boston, the subscriptions for a permanent fund amounted to *five thousand five hundred and fifty dollars!*

The Vermont Medical Society.—The Society held its annual session, agreeably to its by-laws, at Montpelier. The proceedings of the last meeting being read, Dr. Dana gave a very interesting account of the Vermont Medical Society from its origin, with its progress afterwards, which was continued by Dr. Spalding.

Drs. Deming, Cleveland, Corliss, Corey of Brigport, J. B. Smith of Brookfield, George Page of Pittsford, and Allen and Goodale, were received as members.

The following persons were elected to offices:—Anderson G. Dana, of Brandon, *President*; James Spalding, Montpelier, *Vice President*; Z. P. Burnham, Montpelier, *Recording Secretary*; Orren Smith, Berlin, *Corresponding Secretary*; Walter Burnham, Barre, *Treasurer*. Edward Lamb, H. H. Niles, Charles Hall, Eldad Alexander, Dr. Strong, W. R. Ranney, Noadiah Swift, John Fox, Seth Cole, Horace Eaton, J. A. Allen, Melvin Barnes, James Tinker, *Censors*.

Counsellors were chosen for the different counties.

Voted, To appoint two delegates to each of the two medical schools, at Woodstock and Castleton, to attend the examination of students. Drs. Allen and Dana appointed delegates to the Castleton Medical College. Drs. Spalding and Ranney chosen delegates to the Woodstock Medical Institution.

Mortality in 1843.—Number of deaths in Charlestown, Mass., 180. Under 10 years of age, 89; over 70 years, 12.

The number of deaths in the city and town of Hartford, exclusive of West Hartford and the Almshouse, was 186. The number in 1842 was 183.

The number of deaths in New Haven, during the year, was 279—of these, 136 were under 10 years of age. The number in 1842 was 247.

Number of deaths in Amherst, Ms., the last year, 65.

Number in Northampton, 73.

Within the limits of the First Ecclesiastical Society, Stamford, Ct., during the past year, number of deaths, 47. Under 10 years of age, 19. Of consumption, 11.

Medical Miscellany.—Dr. Baxley performed a curious operation at Newark, N. J., on a lady, whose jaws could be separated but slightly, owing to an adhesive inflammation.—Dr. Wm. B. Stotler, in Belmont County, Ohio, has been mulcted in the sum of \$437.50, for maltreatment of an inflamed arm wounded by a knife. This seems to us to have been an unrighteous decision of the court, and the medical gentlemen who swore that his warm poultices were bad practice, would have found two thirds of the surgeons in New England, we apprehend, to swear they were good practice.—Dr. Bliss, a reputable practitioner of Harpswell, Me., has been arrested for the alleged poisoning of an illegitimate child.—Mrs. Barwell is the authoress of the first edition of *Infant Treatment*, said to meet the approval of Dr. Mott.—James Murdock, M.D., of Hartford, Conn., is the author of a work on Modern Philosophy, in its 2d edition.—Dr. Ellis, of De Soto Co., Miss., has been fighting a duel with Mr. Henry Banks.—Dr. Dryer, of Oberlin, O., was arrested recently on a charge of having procured an abortion.—A report has been submitted to the Common Council of Rochester, N. Y., in favor of an asylum for drunkards.—Consumptives are represented to be flocking to St. Augustine, Florida.—Dr. W. Taylor, of Frederick, had the Governor of Maryland arrested for threatening him with personal violence, and placed under bonds of \$1,500 to keep the peace.—According to the Newburyport Herald, there were but seven births in the city of Lowell, in 1843, reported to the Secretary of the Commonwealth.

TO CORRESPONDENTS.—Several Communications, omitted this week, will appear in next week's Journal.

DIED.—In Catskill, N. Y., Dr. Thomas Croswel. He was appointed Postmaster by Washington, and has held his commission under every administration since. Dr. Croswel was among the earliest subscribers to the Boston Medical Intelligencer, in 1822, and his name has been on the books at this office ever since. For the last ten years he has acted as agent for the Boston Medical and Surgical Journal, and in all his dealings with us has shown himself upright, prompt and friendly.—While sitting in a court-room, in Philadelphia, Dr. Joseph Clapp, a highly-respected physician.—At Danville, Vt., Dr. Uri Babbit, 84—a revolutionary pensioner.

Number of deaths in Boston, for the week ending Jan. 30, 37.—Males, 19—Females, 18.

Of consumption, 3—apoplexy, 2—inflammation of the lungs, 1—measles, 4—infantile, 2—delirium tremens, 1—hemorrhage, 1—convulsions, 1—lung fever, 7—marasmus, 2—abscess, 1—disease of the heart, 1—typhus fever, 1—scarlet fever, 1—croup, 2—dropsy, 2—erysipelas, 1—liver complaint, 1—dropsy on the brain, 1—dropsy in the heart, 1—old age 1.

Under 5 years, 19—between 5 and 20 years, 4—between 20 and 60 years, 11—over 60 years, 3.

Ohio State Lunatic Asylum.—The number admitted during the past year, was 65, and the number of inmates 207—the number discharged 69. During the five years existence of the Institution, 473 insane persons have been committed to its care, and 203 have been restored to their right reason and returned to their friends. Yet 315 persons in the State have been denied for want of room.

The liberal appropriation by the Legislature last year of \$45,000, will provide for more extended accommodations, and enough for many years to come. Additions to the building are erecting and will be finished during the ensuing year, and those additions will improve the general appearance of the Institution; there is to be supplied spacious Italian verandahs, constructed with square limestone piers, connected with ingeniously finished cast iron and moveable sashes. Each verandah will be 37 square feet in the clear, and thus contrived, will answer, summer and winter, as places of recreation.

The following shows the supposed causes of the diseases of the inmates: Intemperance, 35; ill health, 78; puerperal, 32; constitutional, 28; intense application, 5; injuries of the head, 6; excessive joy, 1; domestic troubles, 28; domestic affliction, 18; disappointed love, 16; jealousy, 6; hereditary, 93; periodical, 28; physical causes, 208; seduction, 1; fear of want, 4; loss of property, 12; religion of all kinds, 57; disappointment, &c., 14; masturbation, 25; epilepsy, 27; unknown, 63; fright, 6; indulgence of temper, 3; ill treatment, 7; suicidal, 22; homicidal, 5; moral causes, 193.

The Ohio Legislature.—We are indebted to Dr. Bennett, of Portage Co., a member of the House of Representatives of Ohio, for a list of the members of the Senate and House, containing their ages, residence, places of nativity, occupation, whether married or single, politics, &c. It constitutes a complete and well-arranged document, and some interesting facts may be gleaned from it. Of the 38 Senators, it appears that all but two are native Americans, although only 8 are natives of the State of Ohio. Six were born in New England, and 10 in Pennsylvania. Two only are unmarried—one aged 63, and the other 28, which figures, singularly enough, happen to be the highest and lowest in the list of ages. The mean age of the whole 38, is 42.60. There is no physician in the Senate.—Of the 74 members of the House, 3 are foreigners, 12 were born in the State of Ohio, 14 in New England, and 19 in Pennsylvania. Ten are unmarried, their ages varying from 28 to 50. Six are physicians. The oldest on the list is 60, and the youngest 27—the mean age of the whole being just 41.

Epidemic of Gastro-Enteritis.—M. Collineau read (before the Academy of Medicine) a report on an epidemic of gastro-enteritis, described by M. Gosselet in a memoir presented to the Academy, and which took place at Lille (Nord.) The epidemic was limited to a school composed of 348 persons, and affected 150 persons—12 deaths. The temperature for some time previous was cold and damp, and the scholars generally remained in the school-room situated on the ground floor. On the 3d of February, an entertainment took place in the school-room, which was excessively heated, and a day or two after the epidemic declared itself with such violence, that there were from 10 to 12 new sick persons daily.—*Med. Times.*